

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25983

Registrar's No.

03  
24829  
FILED AUG 14 1948  
Registration District No. 358

Primary Registration District No. 6148

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Idalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

In this community Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME EDSEL DENNIS PRUITT

3. (b) If veteran, name war: ---

3. (c) Social Security No. None

4. Sex: Male  5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (c) Age of husband or wife if alive: --- years

7. Birth date of deceased: Dec. 21, 1924  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>7</u>	<u>22</u>	_____ hr. _____ min.

9. Birthplace: Stoddard Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Invalid

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name: Everett Pruitt

13. Birthplace: Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Myrtle Corlew

15. Birthplace: Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Everett Pruitt

(b) Address: Idalia, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-4-1946  
(Month) (Day) (Year)

(c) Place: burial or cremation: Bluff Cemetery

18. (a) Signature of funeral director: Chiles Und. Co.

(b) Address: Bloomfield, Mo.

19. (a) 8-7-46 (Date received local registrar) (b) Rose Webber (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Stoddard

(c) City or town: Idalia  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Epilepsy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): neither

(b) Date of occurrence: July 31, 1946

(c) Where did injury occur? Idalia, Stoddard, Mo.  
(City or town) (County) (State)

(d) Did injury occur in \_\_\_\_\_ about home, on farm, in industrial place, in public place?  
at home

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury: \_\_\_\_\_

23. Signature: Alexander Corone (M. D. or other)

Address: Dexter, Mo. Date signed: Aug 31, 1946

RECEIVED

District Health Office No. 2,

District File Number

846-970

Date Filed

8-12-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, & by Lulu

Cooper # 3499

Registered Apprentice No.

~~working under my personal supervision~~

Signed

Juan C Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**